



8 IN 6 PROGRAM

WITHDRAWAL FORM

Students must complete and submit the withdrawal form to officially end their participation in the 8 in 6 program for any given term. All withdrawals must be done in person and submitted to the school counselor for recording. Students may not withdrawal from the program without the permission of their parent/guardian.

STUDENT'S FIRST NAME (PRINT)

LAST NAME (PRINT)

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

Withdrawal for Term (Check one): ☐ Fall ☐ Spring ☐ Summer

Today's Date: _____

Last date of course participation: _____

Withdrawal course information (if applicable)

Course Title

Instructor

Reason for Withdrawal (check one):

☐ Change in schedule

☐ Time requirements

☐ Coursework too challenging

☐ Conflict with instructor

☐ No longer enrolled in district

☐ Other: _____

*Districts must reflect changes in the **Advanced Opportunities Portal** to ensure proper reimbursement.*

All forms are to be kept on file with the district or public charter school office for documentation

Idaho State Department of Education

Advanced Opportunities

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STATE DEPARTMENT OF EDUCATION